

Case Number:	CM15-0117268		
Date Assigned:	06/30/2015	Date of Injury:	08/07/2007
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on 8/7/07. The injured worker was diagnosed as having status post fluoroscopically guided bilateral L4-5 and L5-S1 facet joint radiofrequency nerve ablation, post diagnostic right L4-5 and right L5-S1 medial branch block, positive diagnostic left medial branch block, positive fluoroscopically guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block, facet joint arthropathy L4-S1, right paracentral disc protrusion at L5-S1, central disc protrusion with left foraminal stenosis and facet hypertrophy at L5-S1, moderate to severe right L5 neural foraminal stenosis, L5-S1 disc protrusion with annular disc tear, severe L5-S1 left foraminal stenosis flattening left L5 nerve root, lumbar sprain/strain, mild to moderate bony degenerative changes L1-L4, borderline hypertension and gastrointestinal upset secondary to NSAIDS. Treatment to date has included oral medications including Motrin 800mg, soma 350mg, Ambien 10mg, Nucynta 50mg, Oxycodone 15mg, Neurontin 900mg, facet joint ablation and topical Lidoderm patch. Current medications include Morphine Sulfate IR 30mg and Lidoderm 5% patch. Currently on 5/21/15, the injured worker complains of bilateral low back pain, which is exacerbated with all movements and decreased with lying supine and prone. He rates his pain 3/10 following MSIR and 7/10 prior to MSIR. He uses 30 tabs in over a 2 month period. The complaints are unchanged from previous visits. The injured worker currently works full time. It is noted facet joint radiofrequency nerve ablation performed on 1/22/15 provided 75% relief of axial low back pain. Notation is made of a urine drug screen, which was consistent with medications

prescribed and no aberrant behaviors. Physical exam performed on 5/21/15 noted positive spasm to lumbar spine, restricted lumbar range of motion tenderness to palpation of lumbar paraspinal muscles overlying bilateral L3-S1 facet joints and symmetric muscle stretch reflexes bilaterally. The physical exam is unchanged from previous visits. The treatment plan included a request for MSIR 30mg #30, noting it provides 60% improvement of the injured worker's pain and improvement in activities of daily living and Lidoderm patch which the provider notes provides 50% improvement of localized back pain and notes he does not use this medication daily, this documentation is unchanged from previous visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS notes "topical lidocaine in the formulation of a dermal patch is recommended for localized peripheral pain following evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is documentation of a trial of first-line therapy with gabapentin up to 900mg three times a day. It is documented the injured worker has received Lidoderm patches for over 6 months with 50% improvement in pain; however there is no documented improvement in pain from previous visits nor documentation of neuropathy on exam or electrodiagnostic exam. He currently works full time and utilizes Lidoderm patches while working. The request for Lidoderm is not medically necessary.

MSIR 30 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker complains of continued low back pain with a date of injury of 8/7/07. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed. This injured worker has continued low back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back

pain. Documentation from the provider noted relief in pain with MSIR; however, the pain is unchanged from previous visits since 10/14. Documentation does note he is currently working. The treatment plan included documentation of a Urine Drug Screen, which revealed no aberrant behaviors; however the date of the screening was not included. There was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is evidence that the treating physician has utilized a treatment plan not using opioids. MTUS guidelines indicate that opioids should be continued in individuals who have returned to work and the IW is utilizing only 1-2 doses a week. Therefore, MSIR does meet the criteria for long-term opioids.